

<b>Case Number:</b>	CM13-0033703		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/30/2010
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 52-year-old female, who was involved in a work related injury on 12/30/2014. Her diagnoses are post shoulder arthroscopic subacromial decompression, left ulnar neuropathy at the elbow, carpal tunnel, wrist flexor tenosynovitis, left elbow lateral epicondylitis, bilateral wrist, and hand cysts. She had complaints of right shoulder pain. The claimant had a right shoulder arthroscopic subacromial decompression, extensive soft tissue debridement of superior labrum anterior and posterior lesion and rotator cuff on 8/21/13. She has had oral medications, and physical therapy and chiropractic post surgery. The claimant had six (6) chiropractic treatments, authorized on 9/30/2013 and twelve (12) authorized on 12/11/2013, and twelve (12) physical therapy treatments on 7/2/2013. No documentation of functional improvement or completion of visits is found.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Twelve (12) postoperative chiropractic therapy sessions for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (July 18,2009), Manual therapy & manipulation Page(s): 58-60,Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60,Postsurgical Treatment Guidelines.

**Decision rationale:** According to evidenced based guidelines, post surgical physical medicine treatment is warranted. However, the claimant has had over twenty-four (24) visits of physical medicine approved: twelve (12) physical therapy and sixteen (16) chiropractic. There has been no documentation of completion, or of functional gains. The guidelines recommend a total of twenty-four (24) post surgical physical medicine visits. There has been no documentation of the completion of the approved visits or reasoning of why further visits are required. The most recent approval of twelve (12) visits was in December of 2013. Therefore further chiropractic is not medically necessary.